2016 : 02 : 04 : 05 : 00047 MMG

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 FEOffice Use (Qrily 1 - 58

۱.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Hieilipi: inigi i Almieir	i ca Never	15171018131 1		
ADDRESS (number and street) Check if different than previously reported. (ACC)	3 0 0 5 F a r m			1014]-
2. FEC IDENTIFICATION NUMB	BER ▼ CITY ▲		STATE ▲	ZIP CODE A
C 0,0,5,8,6,5,1,	3. IS THE	11018	AMENDED (A))
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(b) Monthly Report Due On: Mar 20 (c) 12-Day PRE-Election Report for the: Election o (d) 30-Day POST-Election Report for the: Election o	(M3) Jun 20 (M6 (M4) Jul 20 (M7) Primary (12P) Convention (12C) n General (30G)	Sep 20 (M9)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period	(2 0 1 S	through	3 1 20	16
I certify that I have examined this F	_	knowledge and belief it is	true, correct and compl	ete.
Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous	Shannon Shannon s, or incomplete information m	ay subject the person signing	Date O 1 2	teach a maint descri
Office Use Only				C FORM 3X Rev. 12/2004

2016 - 02 - 04 - 03 - 00047357

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Helping America Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2.0.00 January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 2.0.0.0 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC	Form 3X (Rev. 06/2004)			110	ceipia			Page 3
Write or Typ	pe Committee Name							
	Helping America	Neverstop	ς					
		M / 0	D					M M / D D / Y Y Y Y
Report Cove	ering the Period: From:	1.0, 1.	5_		کړن	.1.5	To:	0.1, 3.1, 2.0.1.6
	I. Receipts				OLUI	MN A Period		COLUMN B Calendar Year-to-Date
	ions (other than loans) From:						•	
• •	riduals/Persons Other							
	Political Committees	•	-	•		20,00		2 4 0 0
(i) I	temized (use Schedule A)		7		7	20,00)	, , , , 0,00
/::\ I	Initaminad	•	•	*	.,	0,000)	0000
, ,	Jnitemized FOTAL (add		77.	•	.771		•	
	ines 11(a)(i) and (ii)	* .	•		•	2000)	2000
•	2oo 11(a)(i) and (ii)		·7·	Ţ.	7		•	
(b) Polit	ical Party Committees					0,00	Ø	0.00
	er Political Committees		-1-			-		,
(suc	h as PACs)	a de la compa	· 7 \		. · · · · · · · · · · · · · · · · · · ·	0_0	Ö	0.00
(d) Tota	l Contributions (add Lines		•		•		•	
)(iii), (b), and (c)) (Carry					_		_
	Is to Line 33, page 5)▶	*	٠,		- 171	20.0	0	2.0,00
	From Affiliated/Other	• • -			•			
Party Co	mmittees		į		,	0.00	ر. ا	, 0.00
40 All I	. Danabard	•	-				• .	
13. All Loans	s Received	e e	, <u>1</u> .	•	7.	0_0.0	.	
14 Lean De	novmente Dessived					2 0		
	payments Received o Operating Expenditures		.4.		- 7	9,0		7 . 7
	, Rebates, etc.)							
•	otals to Line 37, page 5)					0,0	2	0,00
	of Contributions Made		グ	•	- 17	0,,,0	•	7,7
	al Candidates and Other							
	Committees						0	
17. Other Fe	ederal Receipts		·7.				•	
(Dividend	ds, Interest, etc.)		_		- .	0.00	<u>ک</u>	. , 6,00
18. Transfers	from Non-Federal and Levin Fu	nds	. 1		1.			,
	Federal Account		_					i kan an a
(fror	n Schedule H3)	•	7		7	0.0	O	, , , 0.0.0
						· . · .		
(b) Levin	Funds (from Schedule H5)		~7 ~	-	- 49.	~ ~ O~ O ~	0	
				-	-			
(c) Total	Transfers (add 18(a) and 18(b))		7		. Z	0.0	0	0,00
		•	_		•			
19. Total Re	ceipts (add Lines 11(d),							
12, 13,	I4, 15, 16, 17, and 18(c))▶		,		•	200	0	. , , , 20.00
			•		•			-
	deral Receipts			•				
(subtract	Line 18(c) from Line 19)▶		•		,	20.0	ر ر	, , 20,06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

sbursements

Page 4

COLUMN A COLUMN B II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 0.0 Federal Share Non-Federal Share..... (b) Other Federal Operating Expenditures 0_0_0 0,0 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶ 0,00 0,0 22. Transfers to Affiliated/Other Party $O_{\bullet}O_{\bullet}C$ 0,0,0 Contributions to Federal Candidates/Committees and Other Political Committees...... 0,00 <u>o,o</u>, 24. Independent Expenditures 0,00 0,50,0 $\mathcal{O}_{m}\mathcal{O}_{n}\mathcal{O}_{n}$ 26. Loan Repayments Made..... 0,0,0 9<u>.0</u>.0 0,00 0_0_0 (b) Political Party Committees (c) Other Political Committees (such as PACs)..... 0,0,0 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..........▶ 29. Other Disbursements 0,0,0 0,,00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.66
34. Total Contribution Refunds (from Line 28(d))	0,0,0	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	000	000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0,60	0,00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.60	0.00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:			PAGE	: 1	OF	: 1			
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

HEWIZED RECEIPTS	: 	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using t							
NAME OF COMMITTEE (In Full)	~ Venec	54062					
Full Name (Last, First, Middle Initial) A. D: a2 Shannar Mailing Address 13.00 S Farmules	Date of Receipt M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y						
City	State	Zip Code 19904	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer US Air Guard	Occupation Eng	ineer					
Receipt For: Primary General Other (specify) ▼ IEC Sund (4:5)39		Year-to-Date ▼					
Full Name (Last, First, Middle Initial) B.	•		Date of Receipt				
Mailing Address	M - M / D - D / T Y - Y - Y - Y						
City	State	Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		The state of the s				
Name of Employer	Occupation						
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼					
Full Name (Last, First, Middle Initial) C.			Date of Receipt				
Mailing Address							
City	State	Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	- 121 2 34 4 113 - 2 2 3 12 2 4					
Name of Employer	Occupation						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number)		· · · · · · · · · · · · · · · · ·	20,00				

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS		Use separate schedule(s)		(check only		NUMBER: PAGE OF vone)					rr 1	
11	EIVIIZED DISBURSEMENIS	for each category of the Detailed Summary Page			21b	22		23	24		25	<u>26</u>
					27	28a		28b	280		29	30ь
	ny information copied from such Reports and Stat r for commercial purposes, other than using the na											
7	NAME OF COMMITTEE (In Full)					_						
$ \rangle$	Helpins	America Never	5+	ပ 🤊	8							
<u></u>	Full Name (Last, First, Middle Initial)				\Box							
A.						Date of						
	Mailing Address								D 7 /			
	City	State Zip Code										
	Purpose of Disbursement		*t		,	-		_				
	Candidate Name					=			Disburse			
			c	atego Type					ati Tri tiki			
	Office Sought: House Disburs	ement For: Primary General										
	President	Other (specify)										
_	State: District:											
В.	Full Name (Last, First, Middle Initial)					Date of						
	Mailing Address					M = 1M	; /	0 -	D 7 / 17	Y 74	' - Y -	Y
	City	State Zip Code			+							
	Purpose of Disbursement		$\overline{}$									
	Candidate Name			.* . *		Amount of Each Disbursement this Period						
			c	atego Type		-			3			ı
	<u></u>	ement For:	*						-			
	Senate President	Primary General Other (specify) ▼										
_	State: District:										·	
C.	Full Name (Last, First, Middle Initial)					Date of	f Di	sburse	ement			
						M M	,	D	י ל ב			Y .
	Mailing Address							· · · .	. 1	-	н . и .	1.
	City	State Zip Code										
	Purpose of Disbursement			• <u>"</u> = "		4		_	D: 1			la-f
	Candidate Name		- c	atego	iry/				Disburs			
	Office Sought: House Disburs	ement For:		Type			-	.ys	·		**	
	Senate Disburs	Primary General										
	President State: District:	Other (specify) ▼										
Γ.	SUBTOTAL of Disbursements This Page (optional	\				***************************************	-			-	()	O0
\vdash							. *	2 _ 7			<u>.</u> اح	ට ට ට o
Ľ	TOTAL This Period (last page this line number on	ly)			▶	<u> </u>		<u> </u>	::::::::::::: :: :: :: ::: :: :::::::::		\mathcal{O}	၁ ၀

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE (OF [FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			
Helping America	ncuer Stops		
LOAN SOURCE Full Name (Last, First, Mic	dle Initial)		Election:
			Primary
			General
Mailing Address			Other (specify) ▼
City	State ZIP Co		
Original Amount of Loan	Cumulative Payment To		nce Outstanding at Close of This Period
		1	
		Interest Rate	Secured: Yes No
List All Endorsers or Guarantors (if any) to	Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	790 - 17 10 190 - 17 10 100 - 17 10 100 - 17 10 100 100 100 100 100 100 100 100 1
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	700		
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
9			
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	<u>, , , , , , , , , , , , , , , , , , , </u>
Mailing Address		Occupation	
		Amount	0 1 3 1 0 1 0 1 0 1 0 1 1 0 1 1 0 1
City State	ZIP Code	Guaranteed Outstanding:	1) - 2 - 1 - 1) - 2 - 2 - 1 - 1
SUBTOTALS This Period This Page (optional). TOTALS This Period (last page in this line only	·-··		2
Carry outstanding balance only to LINE 3, Sch	nedule D. for this line. If	no Schedule D. carry for	vard to appropriate line of Summary

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for				
Information found on				
Page	of Schedule C			

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
Helpins america v	lover stops	С	00586511
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name			
NO LOAN	, , , , , , , , , , , , , , , , , , ,	<i></i>	% . •. •. <i>>•</i> . • %
Mailing Address	Date Incurred or Established	, M - M . 	
City State Zip Code	Date Due	M M	/ D - D - / Y - Y - Y - Y - Y - Y - Y - Y - Y -
A. Has loan been restructured? No Yes	If yes, date originally incurred	I	
B. If line of credit, Amount of this Draw:	Total - Outstanding Balance:	· · · · · · · · · · · · · · · · · · ·	. <u>.</u>
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ist be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the learn property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,		value of this collateral?
		interest in i	
E. Are any future contributions or future receipts of interecollateral for the loan? No Yes If yes, s			e estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
M M / D D / Y - Y - Y	0'' 0' ' 7'		
	City, State, Zip:		
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER		DATE	
Typed Name			, , , D - D , , , , , , , , , , , , , ,
Signature		-	
H. Attach a signed copy of the loan agreement.			
 I. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the te are accurate as stated above. II. The loan was made on terms and conditions (incoming similar extensions of credit to other borrowers of the control of the contr	cluding interest rate) no more fa		3
III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	a loan must be made on a basis		
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name Signature Tit	la	M M	/ D D / Y Y Y
Signature III	IC	. 1	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE \ OF \
FOR LINE NUMBER: (check only one)

	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
NAME O	F COMMITTEE (In Full) Helping Amer	ica Never Stops	
A. F	ull Name (Last, First, Middle Initial) of Deb		Nature of Debt (Purpose):
Mailin	g Address		
City	State	Zip Code	
	0.0.0		
	tstanding Balance Beginning This Period		
(Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
B. Fu	II Name (Last, First, Middle Initial) of Debte	or or Creator	Nature of Debt (Purpose):
Mailin	ng Address		
City	State	Zip Code	
			<u> </u>
Ou	Itstanding Balance Beginning This Period		
(C	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
C. F	ull Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
Mailir	ng Address		_
City		State Zip Code	
On	utstanding Balance Beginning This Period		
1	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	Amount incomed this Feriod	Landard and another design administration of the second	Oddstanding balance at Glose of This Feriou
			المسمد
1) SUE	BTOTALS This Period This Page (optional).	<u> </u>	
2) TOT	ALS This Period (last page this line numb	er only)	
3) TOT	TAL OUTSTANDING LOANS from Schoolil	o C (last page only)	000
	TAL OUTSTANDING LOANS from Schedule	e C (last page only)	
4) ADE	2) and 3) and carry forward to appropriate	te line of Summary Page (last page only)	0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF TENTE PAGE TO THE PAGE
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Helping America Never Stops	C 00 5 8 6 5 1 1
Check if 24-hour report 48-hour report New report Amer	nds report filed on M-M / D D / T-V-V-V
Full Name of Payee	Date of Public Distribution/Dissemination
	MAM), LORD, LANDARY
Mailing Address	Amount
City State Zip Code	Language of the second
Duran of Europe Harry	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	
Name of Federal Candidate Su	pport Office Sought: House District:
	pose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Maning Address	Amount
City State Zip Code	
	Date of Dishumament or Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Туре	
Name of Federal Candidate Su	pport Office Sought: House District:
O _I	opose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) -
4. August 14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	grandmusianung nampariang
(a) SUBTOTAL of Itemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(b) SUBTOTAL of Unitemized Independent Expenditures	
	<u> </u>
(c) TOTAL Independent Expenditures	0.00
Under penalty of perjury I certify that the independent expenditures reported here	in were not made in conneration, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
party committee, any pointed party committee of its agent.	
(HITT	Date M - M / D - D / Y - Y - Y - Y
Signature	Date 0 1 3 0 2 0 1 6

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if HelpTas 54075 america never 24-hour notice Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES | NO If YES, name the designating committee: Mailing Address City ZIP Code State Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate > Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)				
Helping America Never Stops USE ONLY ONE SECTION, A or B				
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)				
Presidential and Senate Election Year (36% Federal)				
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (15% Federal)				
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage				
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check				
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or				
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below				
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal				

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	OF
i	(

Helping America Never Stops		·		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT			
Methods of allocation:				
 FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. 				
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public committed federal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal cand nunications or voter drives	idates from the ac- s that refer to both		
ACTIVITY OR EVENT IDENTIFIER				
ACTIVITY IS:	FEDERAL %	NONFEDERAL %		
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	<u> </u>		
ACTIVITY OR EVENT IDENTIFIER	EEDERAL W	NONEEDEDAL 9/		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%		
ACTIVITY OR EVENT IDENTIFIER				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %		
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<u></u> %	<u></u> %		

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF ()
FOR LINE 18a OF FORM 3X

AME C	OF COMMITTEE (In Full)	- 1	
	Helbine Awarise	. Never 5 tops	
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		м м / о о / Y Y Y Y	•
BRE	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		in the state of th
ii)	Generic Voter Drive		
iii)	Exempt Activities		, , , , , , , , , , , , , , , , , , ,
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)	
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	b)		
	c) Total Amount Transferred For Direct Fundra	ising	To the state of th
(v)	Direct Candidate Support (List Activity or Ev	ent Identifier)	
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	o, rotal Amount mandered For Direct Candid	aco oupport	, , , , , , , , , , , , , , , , , , ,
vi)	Public Communications Referring Only to	Party (Made by PAC)	
		OR BREAKDOWN OF TRANSFER RECEIV	
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	OF	(
FOR LI	NE 2	1a Ol	FORM 3X

N/	AME OF COMMITTEE (In Full) Helping America never 5+0ps					
— A.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:			
А.	ruii Name (Last, First, Middle Initial)		Administrative Fundraising Exempt			
	Mailing Address		Voter Drive Direct Candidate Support			
	City State Zip Code		Public Comm (ref to party only) by PAC			
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
	Activity or Event Identifier:	- 4	The second secon			
	, and the second	Category/ Type	Date			
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT			
	7	-	, , ,			
B.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:			
	Mailing Address		Administrative Fundraising Exempt			
			Voter Drive Direct Candidate Support			
	City State Zip Code		Public Comm (ref to party only) by PAC			
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
	Activity or Event Identifier:					
		Category/ Type	Date			
	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
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c .	<u> </u>		Allocated Activity or Event:			
			Administrative Fundraising Exempt			
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	City State Zip Code		Public Comm (ref to party only) by PAC			
	Purpose of Disbursement:		- Allocated Activity or Event Year-To-Date			
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE (OF (FOR LINE 18b OF FORM 3X

i) Vor Tot ii) Vor Tot iii) GC Tot iv) Ge Tot REAKDOWN i) Vo Tot iii) GC Tot iv) Ge iv) Ge	OF THIS TRANSFER Inter Registration Ital Amount Transferred for Voter Inter ID Ital Amount Transferred for Voter Ital Amount Transferred for GOTV Ital Amount Transferred for GOTV Ital Amount Transferred for Gener Ital Amount Transferred for Voter Ital Amount Transferred for Voter Ital Amount Transferred for Voter	ic Campaign Activity DATE OF RECEIPT M 13 / D D / Y Y Y Y VOTER REGIST Registration	GENERIC CAMPAIGN ACTIVITY TOTAL AMOUNT TRANSFERRED TRATION
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TOTAL TI	his Period (Voter ID)		2.50
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TOTAL TI	his Period (Generic Campaign Ac	ctivity)	
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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	t	OF
FOR LIN	IF 30	a OF FORM 3X

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Helpins America Never Stops		
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
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		Voter ID Generic Campaign
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City State Zip Code		
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Purpose of Disbursement	Category/	Date
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B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV
		Voter ID Generic Campaign
Mailing Address	-	Allocated Activity or Event Year-To-Date
City State Zip Code	Ţ .	7 7
D		N-M / D-B / Y-Y-Y-Y
Purpose of Disbursement	Category/	Date
 	Туре	
FEDERAL SHARE + LEVIN SHA	ARE	TOTAL AMOUNT
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C. Full Name (Last, First, Middle Initial) / Full Organization Name	•	Type of Allocated Activity or Event:
	•	Type of Allocated Activity or Event:
C. Full Name (Last, First, Middle Initial) / Full Organization Name	•	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (In Full) Helping America Never 5 to PS				
NAM	NAME OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)				
	(b) Unitemized				
	(c) Total		0.00		
2.	OTHER RECEIPTS				
3.	(Add Lines 1c and 2)				
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration				
	(b) Voter ID				
	(c) GOTV(d) Generic Campaign				
	(e) Total				
5.	OTHER DISBURSEMENTS				
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)				
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)				
8.	RECEIPTS(from Line 3)				
9.	SUBTOTAL(Add Lines 7 and 8)				
10.	DISBURSEMENTS(From Line 6)				
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		6.0.6		

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)

for each category of the FOR LINE NUMBER:

PAGE (

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		Aggregation Page	(check only one)1a2
	y information copied from such Reports and Statements may not b for commercial purposes, other than using the name and address		
$ \rangle$	NAME OF COMMITTEE (In Full) [over Stops	
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
Α.	Mailing Address		M-M / DAD / TAAAAA
	20		Amount of Each Receipt this Period
	City State Name of Employer or Principal Place of Business	Zip Code	
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
B.	Mailing Address		(
		-	Amount of Each Receipt this Period
	City State	Zip Code	
	Name of Employer or Principal Place of Business		Aggregate Vear-to-Date
	Occupation		Aggregate Year-to-Date
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
C.	Mailing Address		(M) ((C) ((C) (C) (C) (C) (C) (C) (C) (C
			Amount of Each Receipt this Period
	City State	Zip Code	
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
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s	SUBTOTAL of Receipts This Page (optional)	•	
Т	OTAL This Period (last page this line number only)	·····	

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:	PAGE OF 1
FOR LINE NUMBER: (check only one)	4a 4c 5
, L.,	4b 4d

OF LEVIN FUNDS	Aggregation rage	
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a	ay not be sold or used by any paddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Helpins America Never	···	
Full Name (Last, First, Middle Initial) / Full Organization Na A.	ame	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na B.	ame	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
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Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
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Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	·	
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TOTAL This Period (last page this line number only)		0,0,0

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER